STATEMENT OF ORGANIZATION			OFFICE USE ON
Name and Address of Committee		2. Date of this Statement	5/n
Friends of Keith Gates Post Office Box 1313		May 12, 2014	5/14
Winnfield, Louisiana 71483		Estimated Membership	1
		Less than 250	# 86879
			<b>.4</b>
Check If:		4. Amended Statement?	<b>2</b>
X New Committee M	lonthly Filer	Yes No	# 86879
			# T000
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)			
a. <u>Name</u>	b. Position	c. Address	
Christopher Victory	Chairperson	401 Market Street, Suite 1	150, Shreveport, Louisiana 71101
	Treasurer		
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)			
a. <u>Name</u>	b. Address		c. Relationship to Committee
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)			
a. <u>Name</u>	b. Address		
Sabine State Bank	401 West Court St., Winnfi	eld, LA 71483	
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: x Principal Campaign Committee Subsidiary  Committee			
b. Name of Candidate			c. Office Sought by the Candidate
Justin Keith Gates			Public Service Commission - Dist. 05
9. a. Name of Person Preparing Report			
b. Daytime Telephone	318-648-9800		
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.			
This 13 day of May 20/4.			
Mila	1/1/11/1		18-221-322/
Signature of Committee	hairperson	Day	time Telephone Number
Signature of Committee T	reasurer, if any	Day	rtime Telephone Number